Royal Papworth Hospital
NHS Foundation Trust

Minutes of the Performance Committee
Thursday, 26 September 2024
0900-1100 hrs in Person
HLRI Rooms 88 & 89, and via Teams

[Chair: Mr Gavin Robert, Non-Executive Director]

Present		
Mr Gavin Robert	GR	Non-Executive Director (Chair)
Ms C Conquest (via Teams)	CC	Non-Executive Director
Mrs S Harrison	SH	Chief Finance Officer (Interim)
Mr H McEnroe	HMc	Chief Operating Officer
Mrs E Midlane	EM	Chief Executive
Ms Oonagh Monkhouse	OM	Director of Workforce & Organisational Development
Mr A Raynes (via Teams)	AR	Chief Information Officer
Mrs M Screaton	MS	Chief Nurse
Dr I Smith	IS	Medical Director
In Attendance		
Mrs A Colling (via Teams)	AC	Executive Assistant (Observer)
Mr K Mensa-Bonsu	KMB	Associate Director of Corporate Governance
Mr Bill Davidson	BD	Public Governor, Observer
Mrs L Steadman	LS	Head of Nursing, Thoracic & Ambulatory Care (Observer)
In Attendance for Divisional Presentation Item 5		
Mr M Blastland (via Teams)	MB	Non-Executive Director
Ms D Leacock (via Teams)	DL	Non-Executive Director
Ms Shalini Chandran	SC	Divisional Director of Operations – Clinical Administration
Ms Zoe Robinson	ZR	Divisional Director of Operations – Thoracic & Ambulatory Care
Apologies		
Dr C Paddison	CP	Associate Non-Executive Director
Professor Ian Wilkinson (for Divisional presentation)	IW	Non-Executive Director, Clinical Pharmacologist & Professor of Therapeutics

[Note: Minutes in order of discussion, which may not be in Agenda order]

Agenda Item		Action by Whom	Date
1.	**WELCOME, APOLOGIES AND OPENING REMARKS**		
24/219	The Chair welcomed all to the meeting and apologies were noted.		
2.	**DECLARATIONS OF INTEREST**		
24/220	There is a requirement that Board members raise any specific declarations if these arise during discussions. No specific conflicts were identified in relation to matters on the agenda. A summary of standing declarations of interests are appended to these minutes.		
5.	**DIVISIONAL PRESENTATION – Joint by Clinical Admin and Thoracic Divisions**		
24/221	Following introductions, SC introduced the divisional presentation relating to the Clinical Admin and Thoracic Divisions. The presentation would focus		

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	on the Outpatient booking trend and capacity for Cardiology, STA and Thoracic Divisions. A Trust-wide programme led by the COO, in conjunction with clinical colleagues, had been established to streamline the referral entry process, focussing on enabling a single platform that catered to all referral pathways. For the purposes of the presentation, referral entry process for Cardiology, and STA and Thoracic, would be discussed. Key highlights: • Graphs detailing Cardiology, STA and Thoracic bookings data were shared with the Committee, highlighting trends in cancellations and rescheduled appointments. Actions to remediate issues arising, were noted. o The Cardiology attendance rate was consistent with a low DNA rate, with an average of 749 less patients seen during strike action; cancellations were decreasing, as were 6-week short-notice cancellations. o In respect of STA bookings, 199 less patients had been seen in each strike month; cancellations by the hospital were decreasing, and an increase in rescheduled appointments was observed, due to patient and consultant availability. o Thoracic bookings had seen, on average, 336 fewer patients during industrial action months; the DNA rate was higher than Trust standard, whilst cancellations had decreased. • Virtual consultations were noted to assist in maximising clinic utilisation; on average, more than 3500 appointments were converted to virtual (predominantly by telephone). • Attend Anywhere was noted to be used for video consultations, with good uptake from CF and Lung Defence clinics. • Outpatient Audit had resulted in a number of recommendations, which would be taken forward by the Audit Committee and Outpatient Transformation Board. • Results of using hybrid mail had revealed 46% of letter notifications having avoided a printed letter, the initiative having gone live in March 2023. • STA and Cardiology referral processes were shared with the Committee, highlighting details of referral entry, action taken and any associated risks; the same was outlined in respect of the Thoracic and Ambulatory referral process. • It was clarified that once a patient was registered and added to the EPR (Lorenzo), an encounter was created and it became evident that a referral existed and was being scheduled; multiple pathways were not counted until booked onto Lorenzo. ZR presented the Thoracic and Ambulatory data, providing the Committee with detail of the services covered by the division. For the purposes of the meeting, there would be focus on transformation programmes underway within Ambulatory, including the Outpatient Transformation Board, plus Day Ward and Discharge Lounge utilisation; results of an internal audit would be shared via governance routes, in the coming weeks. Key highlights – Outpatient Transformation Board:		

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	• It was explained that the Outpatient Transformation Board reported into the Patient Flow Steering Group.
	• Six metrics had been agreed as a priority for which all clinical divisions had been asked to review and determine pathways / specialities to be prioritised for each metric.
	• Metric six did not have agreed specialties due to queries remaining on data, which was due to be concluded in October 2024.
	• Metrics were explained to the Committee and noted to be as follows:
	  o Reduce Outpatient Follow-Up appointments.
	  o Reduce the number of missed appointments.
	  o Achieve the national target of 5% of PIFU to major Outpatient specialities.
	  o Increase new Outpatient activity to 107% of 2019 / 2020 activity levels.
	  o Increase clinic room utilisation in Outpatients.
	  o Average wait from referral to first appointment.
	• In addition to the six metrics prioritised for the Outpatient Transformation Board, the scoping and possibility of digital validation was also reported within this meeting.
	• Two providers were currently being explored, (DrDoctor and PatientAide) and an options appraisal was being drafted.
	• Regarding the BAF, the metrics and improvements overseen by the Outpatient Transformation Board linked into the delivery of Risk ID: 678 - Risk to patient care and Trust reputation from not meeting access standards (RTT, DM01 and Cancer).
	
	Key highlights – Day Ward (including Discharge Lounge):
	
	• Admissions throughout 2023/2024 had fluctuated.
	• Cardiology was the highest user of the Day Ward, with over 50% of the admissions; Thoracic made up around 30% of the admissions, with the remaining being in Surgery, Transplant and Anaesthetics.
	• Overall activity was noted to increase towards the end of the week.
	• By way of action, a Task and Finish Group would optimise Day Ward capacity.
	• Regarding the BAF, improvement of day case utilisation linked into the delivery of Risk ID: 678 - Risk to patient care and Trust reputation from not meeting access standards (RTT, DM01 and Cancer).
	• Utilisation of the Discharge Lounge formed part of the Discharges Working Group, which fed into the Patient Flow Steering Group.
	• The Discharge Task and Finish Group was working with all clinical divisions to improve utilisation, including discharging patients from the ward to the Discharge Lounge earlier in the day, to allow for improved patient flow.
	• The Team had worked closely with Pharmacy and wards to ensure patients did not wait in the Discharge Lounge any longer than necessary. M05 had seen a significant decrease in the number of patients remaining in the Discharge Lounge for more than four hours.
	• Examples of joint working across Clinical Administration and Thoracic and Ambulatory, were shared with the Committee.		

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	Discussion: • The Chair sought clarity on how the link between the presentations worked in practice, querying how progress was monitored where changes were implemented. HMc replied that metrics collected would become part of the work that reported to the Flow Programme, and would sit within a module of that programme on the Flow dashboard; monitoring would be undertaken via this route. • A performance meeting was held every month, which was noted to be highly productive. • DL questioned the data from the graphs relating to cancellations versus rescheduled appointments, querying why, in Cardiology and STA, trends were reversed. In addition, DL wished to know whether a digital room booking system might be used, going forward. SC responded that STA trends were reversed due to the surgery undertaken and the subsequent appointment scheduling. The way surgeons prioritise lists would change, based on clinical priority once submitted, necessitating a change to the whole pathway. Under the new Gen3 EPR, this would not occur. • The CEO raised the effects on patients of the rescheduling. HMc agreed, noting that there needed to be a change to the practice of short-notice alterations to reprioritise lists; these should be closed out two weeks in advance, as should plans with patients, well in advance of the day before their procedure. • In respect of digital room bookings, ZR confirmed that this had been explored, together with a wider Trust review on the subject. A business case had been to the Investment Group, but issues around Outpatients required further work, which was ongoing. • CC referred to a rise in Thoracic DNAs, questioning why this was an issue. ZR responded that responses to questionnaires received from Cystic Fibrosis patients had revealed that they did not believe they needed to attend the appointment; subsequent clarity had been provided to these individuals as to the reasons for the requirement to attend. It was assumed that similar reasoning applied in respect of CPAP, where the questionnaire process would need to be rolled out, to clarify. For CSS ward attenders, demographics were a key reason for increased DNA. • CC sought clarity around the topic of hybrid mail, for which SC provided explanation, including around Advice and Guidance. It was acknowledged the issue may require an individual session, due to its complexity. • OM noted a PSII underway due to problems with referral pathways, and information was provided regarding timing of the 'clock' starting for referrals in. **Noted**: The Committee noted the joint presentation by Clinical Admin and Thoracic Divisions.		
3.	**MINUTES OF THE PREVIOUS MEETING DATED 29 AUGUST 2024**		
24/222	Approved: The Performance Committee approved the minutes from the 29 August 2024 meeting and authorised for signature by the Chair as a true record.		

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4.1	**TIME PLAN OF TODAY'S AGENDA ITEMS**		
24/223	The Chair noted that there would be a part 2 to today's meeting, at 10:45 hrs, which would be a closed session necessitating the departure of some attendees currently present.		
4.2	**ACTION CHECKLIST**		
24/224	The Committee reviewed the action checklist and updates were noted. 24/179 - Cost Improvement Plans M03 2024/25 • A taster on the non-recurrent CIP is provided to this meeting and a fuller Report would be provided in October. • Five actions were noted to be completed (24/186, 24/190 and 24/202). In respect of the Corporate Risk Register (24/190), an update would be provided in the October report. 24/206 - PIPR - Effective • This item would be heard at the October meeting. 24/210 - Cyber Risk Quarterly Update Report • This would be presented as an Overview of Cyber Strategy and Prioritisation of Investments; linked into the quarterly Cyber Risk report due in November. **Noted:** The Committee noted the Action Checklist updates.		
IN YEAR PERFORMANCE & PROJECTIONS			
6.	**REVIEW OF THE BOARD ASSURANCE FRAMEWORK (BAF)**		
24/225	**Received**: A summary of the BAF, September 2024. **Reported**: KMB summarised the changes; slides were taken as read. **Key points**: • BAF 2904: Achieving financial balance at ICS level. The risk rating had been increased from 12 (C4 x L3) to 16 (C4 x L4) to reflect the deficit position YTD of the ICS, and the scale of recovery actions required in partner organisations to achieve the system breakeven position. • Since the last meeting of the Performance Committee in August 2024, the Trust Board had approved the transfer of BAF 3261: Industrial Relations: Industrial Acton, to the Workforce Committee. This was because the risk to the impact on service delivery had reduced, whilst the risk to workforce relations had heightened. **Discussion**: • CC stated that for risk scores of 20 and above, a report should come to the Audit Committee. As such, it was requested that risk ID 678 and 1021 both featured at the October meeting of that Committee. • Regarding ID 678, CC considered that the controls in place read more like steps taken, and requested that these be addressed in order to ensure these were controls, rather than steps taken over a period. • CC referred to risk 1021, and the Risk Assessor's recommended	KMB KMB KMB	03/10/24 03/10/24 03/10/24

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	actions to further reduce the risk, requesting that dates be inserted as to when the purchases stipulated, might be made. • The Chair suggested that previous updates be removed in respect of the CT reporting risk, leaving current position only. EM responded that this data was pulled from Datix and the audit trail required to be maintained. It was therefore agreed that this could be removed from the Control in Place and moved into the Risk Assurance section. **Noted:** The Committee noted the review of the Board Assurance Framework, September 2024.	KMB	03/10/24
7.1	**Financial Report – Month 5 24/25**		
24/226	**Received**: Financial Report, Month 5 24/25 **Reported**: SH **Key points**: • At month 5, the YTD position was favourable to plan, with a reported surplus of c£0.9m, representing a YTD variance of c£1.1m favourable variance to plan. • The financial position reflected the continuation of the national aligned payment incentive arrangements. • YTD pay spend was adverse to plan by £1.0m. The substantive underlying pay position was favourable to plan, but this was being offset by the use of premium temporary staff to cover substantive vacancies, reflecting an overall adverse variance. • YTD operating non-pay spend was adverse to plan by £3.6m. • The cash position had closed at £78.8m, which was an increase on last month's position of £1.6m, due to receipt of LDA funding. • The Trust had a revised 2024/25 capital allocation (total CDEL) of £5.8m for the year, which included allocation for right of use assets and PFI residual interest. As at month 5, 44% of the Trust's capital expenditure plan had been committed. The YTD expenditure position included the rephasing of Pathology LIMS due, which was contributing to the underspend of £0.5m. **Discussion**: • Reference was made to the extent of the surplus reported, and SH clarified that the cash balance was driven by the change in the financial framework that occurred during Covid, from PBR, to a block-funding mechanism, with a switch to paying cash upfront, rather than in arrears. Many Trusts had seen large increases in their cash balances through Covid. A surplus was also being generated from day-to-day business activity, part driven by funding from NHSE, which served to incrementally build the balance year-on-year. • Detail of a £50m capital ask was noted, to fund the impact of the OBC over the next 10-13 years. Replacement of medical equipment would also be part of the Trust's strategic horizon, this having been loan-funded at a cost of approximately £30m. Thus £80m was viewed as a robust figure from which to manage those two material programmes and continue to generate operating surpluses, moving forward. • CC added that cash was key, and investment was the optimum way to utilise such funds.		

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	• It was confirmed that premium pay spend was higher than in previous years. As such, the Chair questioned what should be tracked, to ensure that controls being put in place were having the right impact. He noted that various metrics appear in PIPR and Finance Report across different sections. It was noted that trends in bank, agency and overtime could be tracked. As bank spend could be in excess of budget, it required tracking, even though this was not premium pay. For some time, the Trust had worked on the basis of a third bank, a third overtime and a third agency. An increase in bank and reduced agency and overtime usage would be a useful tracker, but was not without complication. • SH added that when this issue was considered, a whole suite of metrics was used and that, going forward, the finance report could potentially pull these together, when reviewing the issue of temporary staffing. The Chair requested that thought be given to the matter, and what could be provided, going forward, to aid coherence. • Spend on agency and overtime for nursing was considered the most significant issue. **Noted:** The Committee noted the Financial Report – Month 5, 24/25.	SH	28.11.24
7.2	**A Bridge to Excellence (CIP) Report: Month 5 24/25**		
24/227	**Received:** A Bridge to Excellence (CIP) Report Month 5 24/25 **Reported:** SH **Key points:** • For M5, a plan of £0.55m and actual delivery of £0.53m was reported, which was an under-delivery of £0.01m in month. • In respect of YTD up to M5, a plan of £2.3m and Actual £2.83m was reported, which was over plan by £0.53m. • The YTD revealed a forecast £6.20m which was 93.5% of the target, and left £0.43m to identify and close the gap, with the revised target of £6.63m, which was now 2.2% of the overall Trust budget; the actual pipeline was £6.36m. • The forecast noted a distribution £4.70m in recurrent and £1.51m in non-recurrent schemes. • There was an additional spreadsheet with the report to demonstrate the schemes, directorates and allocation against recurrent and non-recurrent schemes. • Planning for 2025/26 would commence with all teams next month. **Discussion**: • CC questioned, regarding Cardiology, whether it was realistic that the necessary savings would be made within deadline, and if not, what action would be taken. SH stated that it was unlikely that target would be met, and this was reflected in the forecast within the paper. Work was ongoing, and there were schemes in the pipeline that would close the gap. For a number of reasons, it had been acknowledged that this may be a difficult year for delivery. It would not cause a financial issue this year, or recurrently. Thought was being given, with a view to planning next year, and there were different options to consider. • MS highlighted the support which had been provided to Cardiology		

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	and noted that progress had been made. • BD queried how managers within Cardiology were incentivised to meet targets. SH advised that both escalation and star chambers, with executive input, were useful methods, plus the potential for additional controls to be imposed. HMc considered that the incentive was to become a closer and more effective team, have autonomy and to lead the division through that autonomous structure; grip and control were noted to be ongoing concerns within the Cardiology division. SH added that the linking of CIP performance to a division's ability to access service development funding, had been contemplated. **Noted**: The Committee noted the Bridge to Excellence (CIP) Report: Month 5, 24/25.		
7.3	**Investment Group – Chair's Report**		
24/228	**Received:** Chair's update summarising the meetings held 09 and 16 September 2024. **Reported:** SH **Key points:** • Slides were taken as read. • ATIR 2425 040 Room Booking System. The request made, was to cover purchase of an operating system to cover Outpatient Room booking and all Trust meeting room bookings, including those rooms needed for MDT, staff training etc. The system for booking Trust meeting rooms expired at the end of 2024. The Investment Group approved the request to go to procurement and requested: o The specifics of the Outpatient room booking benefits, an implementation plan with final costings to come back through Investment Group, along with review of timelines relating to opportunities to cover this via a new EPR. o Evidence of the balance of purchase costs versus benefit opportunities. **Discussion:** • The Chair questioned, in diagnostics, whether Soliton would be compatible with the EPR, once this was adopted. SH confirmed this would be the case. • The Chair highlighted that finance had gone from green to amber within PIPR, but this had not been reflected in the narrative, with appropriate reasons; this should feature in the adverse summary, and SH would ensure this would happen, going forward. • HMc noted, for completeness, that Soliton had not been tested with one of the EPR providers who may bid under option 2. AR added that whilst the checks were required, it was expected that the systems would be fully interoperable. **Noted**: The Committee noted the Investment Group - Chair's Report.		
8	**PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)**		
24/229	**Received:** PIPR for the month of August 2024.		

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	Reported: SH **Key points**: • The Trust's performance rating was Amber for the month. There was one domain rated as Green (Caring), two domains rated Amber (Safe and Finance) and three domains rated as Red (Effective, Responsive and People Management & Culture). • SH highlighted that August had fewer working days, which had affected the metrics. **Discussion** - Each sector was noted below. Safe (Amber) - MS • MS raised the issue of Supervisory Sister (SS) time, noting a deep dive undertaken in order to understand the inconsistencies in allocation, recording and prioritisation; this was linked to control around other vital tasks, and the time the SS would need to perform such tasks, plus quality issues such as supervising staff and patient care. • The Chair contended that one way of maintaining SS time would be to increase agency bank spend. MS considered it should work the other way, in that by maintaining SS time, there would be increased oversight, control of the ward and its staffing. • Care hours per patient day (CHPPD) were noted to have increased from the previous month, reflecting bank and overtime spend. • CC queried the complaint which had been partly upheld, questioning whether the element not upheld related to the concern regarding the witnessing of another patient being assaulted; this was confirmed to be the case. <u>Caring</u> (Green) - MS • No items raised. <u>Effective</u> (Red) - HMc HMc informed performance had not been as expected across the effective standards. This was due to fewer working days, leave which had not been managed effectively, the management of admitted activity across elective inpatient capacity which led to an under-performance greater than normally seen at this time of year and a spike in emergency activity (TAVI, IHU and ACS pathways) which impacted access to theatres and length of stay within CCA. Subsequently, all systems and processes have been reviewed and already in month a far greater level of activity is evidenced. On a positive note, during September, CCA beds increased to 36 (includes 10 beds within ERU) together with a return to a 6-theatre scheduling template. CC raised the issue of non-admitted activity, questioning whether it was first appointments or follow-ups that were the problem and, further, whether a spotlight could be included in a future PIPR. HMc confirmed that it was follow-ups that had been down against the plan and considered that a spotlight could tie in with the flow update, to be heard at this Committee. CC requested that the TAVI report be presented in a similar way to the CT report, for ease of readability. HMc advised of a new report coming to		

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	Executives next week for TAVI, which should resolve the issue. This would move from an update on strategy for improvement, to a delivery of improvement, speaking to the reprofiling capacity and utilisation data, providing assurance of delivery.
	
	<u>Responsive</u> (Red) - HMc
	• HMc highlighted areas where opportunity had been missed in the month.
	• RTT stood at 65.8% against a forecast of 69.2%.
	• Controls around DM01 and Cancer were assured, however nine patients had breached 62 days in August. Reasons for pathway delays included:
	  o Four had complex diagnostic pathways, including a late referral for one.
	  o Three were due to inadequate elective capacity (patient unable to be scheduled within standard time).
	  o Two related to inadequate capacity in Outpatients.
	• In respect of 62 day, 65 week and 52 week profile, late referrals continued to be received from partners. This was now formal via the Contract Review meeting, with a request for a note to other providers around shared breach positions, which could not continue. It was noted that there was now a national zero tolerance of 65 week breaches.
	• CC queried, on page 82 and relating to Responsive, why the action plan comprised comments, rather than actions, which were required in order to respond to the issues. HMc advised that the document was missing a spotlight of improvement focus, which would have provided the detail required. It was agreed that this document would be added to the pack, prior to Board.
	• CC commended the format of the CT backlog information.
	• The Chair considered that if focus was to be on over 40 week waits, a relevant metric should be evident within PIPR. HMc contended that this was included in the narrative, as 40 weeks was used as the example of the figure which would enable grip; 40 and below would allow the Trust the late referrals to ensure no 52 week breaches and was frequently given as a view around the safe level of care to move towards 30, and then to 18. 52 was referred to, as this was the national compliance statistic; 18 remained the national performance statistic. HMc would take the Chair's request away and consider how best to present this data.
	• The methodology behind the production of the performance data, was shared with the Committee.
	• EM observed the data in respect of long-waiting patients, noting a cohort of over 300 patients on the back end of the waiting list, and the negative implications of this position; assurance was sought around the effectiveness of the management of long-waiters. HMc replied that the data reflected the last 30 plus days of the summer, in terms of the grip around rescheduling and managing both ends of the waiting list, where balance between priorities was noted to have been less effective than it should have been.
	• The Chair sought assurance that the position had improved through September. HMc responded that there had been micro-managing of divisions, with direct oversight, in order to rectify the position. It
		HMc
		
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	was hoped that data would provide the assurance required. • The Chair questioned whether changes had been made in respect of leave management issues that had arisen, to ensure the problems did not reoccur. HMc confirmed yes, and that he now had oversight of leave for consultants, both over and under six weeks. Under 6-4-2 and at direct PTL, he and Wendy were now attending to ensure from six and above was scheduled in terms of the leave plan, and that rosters were booked out for the whole time, not just two weeks. It was clarified that there was no change to the way that consultants requested leave, nor the structure within the divisions. • It was questioned whether the micro-management approach was sustainable and whether a more professionalised roster management arrangement would be a preferable way forward. • The Cancer Transformation Board had seen a refresh in the past month: a new tracker had been added and measurable KPIs had been agreed. This was intended to ensure ongoing progress towards actions, some of which had stalled. The Chair questioned why this had stalled and whether there was reason for concern. HMc replied that this was due to governance; the System Alliance had not met for two months, and the Governance Board had not been progressed through August; all was now back on track. • IS referred to the CT backlog, and reference made by a company that, in previous Board minutes, IS had stated that incoming reporters were not performing as well as Trust staff. For the record, IS wished it to be noted that the incomers were operating well, and at the rate expected. <u>People Management and Culture</u> (Red) - OM • The spotlight was noted to relate to roster management, for which the table demonstrated more detail on the 24/7 clinical areas, revealing good compliance with the KPI in the majority of areas. In particular, CCA hitting two years of being six weeks and over. • Auto-Rostering was being utilised well in non-clinical areas, but uptake had been slower in 24/7 areas. Wards 3 South and 3 North had, over the last year, made good progress in adopting it and had been very positive about the benefits. The team had been supporting and encouraging other areas to utilise this function. **Noted**: The Performance Committee noted the content of the report.		
9	**OPERATIONAL REPORTS**		
24/230	This item was not discussed.		
FUTURE PLANNING			
10	**QUARTERLY UPDATE REPORTS**		
24/231	There were no items scheduled to report.		
11	**ANNUAL / AD HOC REPORTS**		
24/232	There were no items scheduled to report.		
12	**POLICY APPROVAL**		
24/233	No items scheduled to report.		

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13	**ISSUES FOR ESCALATION TO OTHER COMMITTEES**		
24/234	There were no issues for escalation.		
14.1	**COMMITTEE FORWARD PLANNER**		
24/235	This item was not discussed.		
14.2	**REVIEW OF MEETING AGENDA & OBJECTIVES**		
24/236	This item was not discussed.		
14.3	**BAF end of meeting wrap-up**		
24/237	This item was not discussed.		
14.4	**Emerging Risks**		
24/238	This item was not discussed.		
15	**ANY OTHER BUSINESS**		
24/239	No items were raised. The meeting finished at 10:47 hrs.		
	FUTURE MEETING DATES		

2024	Time	Venue	Divisional Presentation	Apols rec'd
25 April	0900-1100hrs	MS Teams	**THORACIC**	
30 May	0900-1100hrs	MS Teams		
29 June	0900-1100hrs	MS Teams	**CANCER**	
25 July	0900-1100hrs	MS Teams		
29 August	0900-1100hrs	MS Teams	**AHPs**	
26 September	0900-1100hrs	HLRI Rooms 88 + 89 / **face-to-face**		
31 October	0900-1100hrs	MS Teams		
28 November	0900-1100hrs	MS Teams	**CARDIOLOGY**	
19 December	0900-1100hrs	MS Teams	**STA**	
30 January 2025	0900-1100hrs	MS Teams		
February 2025	0900-1100hrs	MS Teams	**PHARMACY**	

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Signed 31.10.24

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Date

Royal Papworth Hospital NHS Foundation Trust
Performance Committee Meeting held on 26 September 2024

Abbreviations and Acronyms

ATIR	Authority to Invest Request
BAF	Board Assurance Framework
CCA	Critical Care Area
CIP	Cost Improvement Programme
CUH	Cambridge University Hospitals NHS
EVH	Endoscopic Vein Harvesting
IA	Industrial Action
ICB	Integrated Care Board
ICS	Integrated Care System
IHU	In-House Urgent
NED	Non-executive Director
PIPR	Papworth Integrated Performance Report
Q&R	Quality & Risk Committee
RPH	Royal Papworth Hospital

RSSC	Respiratory Support and Sleep Centre
RTT	Referral to Treatment
STA	Surgery, Transplant, Anaesthetics Division
TAVI	Transcatheter Aortic Valve Implantation
52WW	52 week wait